FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [	D.C. 20549
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eck this box if no longer subject
Section 16. Form 4 or Form 5
ligations may continue. See
A A (I-)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Moore Mary Ann E						2. Issuer Name <b>and</b> Ticker or Trading Symbol Pediatrix Medical Group, Inc. [MD]									ck all app Direc	licable) tor	Ü	rson(s) to Is	wner	
(Last) 1301 CO	(Last) (First) (Middle) 1301 CONCORD TERRACE						3. Date of Earliest Transaction (Month/Day/Year) 03/01/2023									Officer (give title below)  EVP, General C		Other (s below) nsel & Se	·	
(Street) SUNRIS (City)	E FL		3323 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Y								Line)	ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Exec if any	Deemed cution Date, ly nth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Securi Benefi Owned		ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) c (D)	or P	rice		ction(s) 3 and 4)			(Instr. 4)		
Common Stock														16	16,880			By Trust <sup>(1)</sup>		
Common Stock 03/01/20						.023					55,664	A	1	\$0.00	00 84,700 <sup>(3)</sup>			D		
Common Stock 03/01/2					2023				F <sup>(4)</sup>		2,345	D	\$	15.74	74 82,355		D			
		Tal	ble II -								osed of, convertib				Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed rion Date, l/Day/Year)	4. Transa Code ( 8)				6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		str.	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code		v	(A)	(D)	Date Exercisable		Expiration Date	Title	or Numl of Share	ber						

## **Explanation of Responses:**

- 1. The reporting person and her spouse are trustees of the trust that holds the reported securities. The reporting person disclaims beneficial interest of the reported securities except to the extent of her pecuniary interest therein.
- 2. Restricted shares granted pursuant to the Issuer's Amended and Restated 2008 Incentive Compensation Plan (the "Plan"), in connection with an annual equity award. Twenty-five percent (25%) of the restricted shares will vest on March 1, 2024, twenty-five percent (25%) of the restricted shares will vest on March 1, 2025 and fifty percent (50%) of the restricted shares will vest on March 1, 2026, subject to the terms of the Plan.
- 3. Excludes 16,340 previously reported shares of restricted common stock granted to the reporting person pursuant to the Plan in connection with an annual equity award that were forfeited because the performance-based criteria were not achieved.
- 4. Represents 2,345 restricted shares withheld for payment of taxes upon vesting of shares.

## Remarks:

/s/ Mary Ann E. Moore

03/03/2023

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.